## TRANSMITTAL LETTER 7000069352

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

000002262

SUBJECT:	RCRS	INTEGRATORS, INC.		
	(Proposed corporate name - must include suffix)			

Enclosed is an origin	nal and one(1) o	copy of the articl	es of incorporatio	n and a check for :	:

\$70.00 Filing Fee

**\$78.75** Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, **Certified Copy** 

& Certificate

## ADDITIONAL COPY REQUIRED

FROM: RICHARD A. THOMAS
Name (Printed or typed)

8521 BLACK MESA dR.

FL 32829 City, State & Zip

(Home) (NURK) 407-273-1465 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: RCRS INTEGRATORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8521 BLACK MESA dR. ORLANDO, FL. 32829

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 COMMON SHARES

# / per VALUE

Reclarda Thomas

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RICHARD A. THOMAS 8521 BLACK MESA dr.

ORLANDO, FL. 32829

ARTICLE V <u>INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation are:

RICHARD A. THOMAS

8521 BLACK MESADR.

ORLANDO, FL. 32829

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent